MONTANA
Department of Public Health & Human Services

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STATEMENT FROM THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES

Regarding Chiron Flu Vaccine

Clearly, the loss of the Chiron flu vaccine poses a serious challenge to our vaccine supply for the upcoming flu season. Chiron was to produce between 46-48 million doses of influenza vaccine for the United States. The Department has begun pursuing contingencies for this loss of supply.

We currently anticipate having approximately 54 million doses of influenza vaccine from Aventis and about another 1-2 million doses of FluMist Nasal spray. HHS had planned for a vaccine supply of about 100 million doses this season, after a demand of about 87 million doses last flu season.

Our immediate focus will be on making sure that the supply we do have reaches those who are most vulnerable. The Centers for Disease Control And Prevention is convening its Advisory Committee on Immunization Practices to prioritize its recommendations on who should get the flu vaccine for this season based on the new vaccine supply information.

We will need the help of the public, the public health community and the medical community to make sure that the vaccine goes to those who truly need it most.

We are in the process of learning more detailed information about why the UK regulatory authority suspended Chiron's license for three months and whether anything can be done to address the issues involved. The Department of Health and Human Services, including its Food and Drug Administration, Centers for Disease Control and Prevention, and National Institutes for Health, are working with their counterparts in the British government as well as Chiron regarding this matter.

The Department also has begun exploring whether more flu vaccine can be manufactured for this flu season. This includes working with Aventis on its ability to provide more vaccine. At this point, however, it is not known whether it's possible to get more vaccine.

HHS and its agencies will make more information available regarding the influenza vaccine supply as it becomes available.

Useful links:

CDC Influenza home page:
http://www.cdc.gov/flu/index.htm

Diagnosing Influenza:
http://www.cdc.gov/flu/professionals/diagnosis/

For more information related to influenza prevention for travelers, visit the CDC Traveler's Health Website at
http://www.cdc.gov/travel/diseases/influenza.htm

Priority Groups for Influenza Vaccination:

Because of this urgent situation, CDC, in coordination with its Advisory Committee for Immunization Practices (ACIP), has issued recommendations for influenza vaccination during the 2004-05 season.

These recommendations were formally recommended by ACIP on October 5, 2004, and take precedence over earlier recommendations.

<u>The following priority groups for vaccination with inactivated influenza vaccine this season are considered to be of equal importance and are:</u>

- **all children aged 6-23 months;**
- **adults aged 65 years and older;**
- **persons aged 2-64 years with underlying chronic medical conditions;**
- **all women who will be pregnant during the influenza season;**
- **residents of nursing homes and long-term care facilities;**
- **children aged 6 months-18 years on chronic aspirin therapy;**
- **health-care workers involved in direct patient care; and**
- **out-of-home caregivers and household contacts of children aged <6 months.**

More Vaccination Recommendations:

- **Persons in priority groups identified above should be encouraged to search locally for vaccine if their regular health-care provider does not have vaccine available.**
- **Intranasally administered, live, attenuated influenza vaccine, if available, should be encouraged for healthy persons who are aged 5-49 years and are not pregnant, including health-care workers (except those who care for severely immunocompromised patients in special care units) and persons caring for children aged <6 months.**
- **Certain children aged <9 years require 2 doses of vaccine if they have not previously been vaccinated. All children at high risk for complications from influenza, including those aged 6-23 months, who present for vaccination, should be vaccinated with a first or second dose, depending on vaccination status.**
- **However, doses should not be held in reserve to ensure that 2 doses will be available. Instead, available vaccine should be used to vaccinate persons in priority groups on a first-come, first-serve basis.**

<u>Vaccination of Persons in Non-priority Groups:</u>

Persons who are not included in one of the priority groups described above should be informed about the urgent vaccine supply situation and asked to forego or defer vaccination.

<u>Persons Who Should Not Receive Influenza Vaccine BeforeTalking With Their Doctor:</u>

- **persons with a severe allergy (i.e., anaphylactic allergic reaction) to hens' eggs and**
- **persons who previously had onset of Guillain-Barré syndrome during the 6 weeks after receiving influenza vaccine.**

With regard to additional recommendations for local health departments, any private companies in the community (e.g., commercial pharmacies holding mass clinics) should be contacted and made aware of the current shortage situation and urged to VOLUNTARILY consider alternate uses of the vaccine, redirecting the resource to the high risk members of the community. These companies have purchased the vaccine, but they may be willing to act for the benefit of the larger community if contacted by public health and local community leaders.

Additional information is available at http://www.cdc.gov/flu or through the CDC public response hotline, telephone 888-246-2675

FLUMIST VACCINE FACTS

The Live Attenuated Influenza Vaccine (LAIV), MedImmune FluMist, is approved for healthy persons aged 5-49 years of age. This vaccine is antigenically equivalent to the inactivated vaccine, and contains one influenza A(H3N2) virus, one A(H1N1) virus and one B virus. Viruses for both the LAIV and the inactivated vaccines are grown in eggs. The LAIV produces mild or no signs or symptoms related to an influenza viral infection.

The LAIV is temperature sensitive, which limits the replication of the virus in human lower airways, but the cold-adapted property allows replication in the mucosa of the nasopharynx.

The LAIV contains attenuated viruses that are still capable of replication. The live vaccine is administered intranasally by a sprayer, and not by IM injection. Although the price is considerably less than last year, it still is more expensive than inactivated influenza vaccine.

As with other live vaccines, the LAIV should be administered simultaneously with another live vaccine or spaced by a 4-week interval. The LAIV should not be used for the following:

- **Persons < 5 years or > 50 years of age;**
- **Persons with asthma, reactive airway disease or chronic pulmonary or cardiovascular disorders, underlying medical conditions such as diabetes, renal dysfunction, hemoglobinopathies or persons with immunodeficiency diseases who are receiving immunosuppressive therapies;**
- **Children or adolescents on aspirin therapy;**
- **Persons with a history of Guillain-Barre Syndrome;**
- **Pregnant women;**
- **Persons with a history of hypersensitivity, including anaphylaxis to components of LAIV or to eggs.**

Inactivated vaccine rather than the live, attenuated should be used for vaccinating household members, health-care workers, and others who have close contact with severely immunosuppressed persons during periods when such persons require care in a protected environment. If a health care worker receives live attenuated influenza vaccine, they should refrain from contact with severely immunosuppressed patients for 7 days after receiving the vaccine.

No preference exists for inactivated vaccine use by health care workers or other contacts with persons with lesser degrees of immunosuppression.

Severely immunosuppressed persons should not administer the live attenuated influenza vaccine.

Persons at high risk for influenza complications may administer live attenuated influenza vaccine.

Other recommendations –

Personal hygiene, and other protective measures, such as the use of anti-virals, may be necessary to minimize illness – in the absence of vaccination.

It should be noted that there is only a very limited supply of the influenza anti-virals, for example, so this supply may not have significant effect relative to the overall prevention of influenza.

In the absence of vaccine, there are other ways to protect against flu. These include practicing good health habits, such as:

- **avoiding close contact,**
- **staying home when you are sick,**
- **covering your mouth and nose,**
- **cleaning your hands,**
- **and avoiding touching your eyes, nose and mouth.**

Don't Forget Pregnant Women need their "Flu" Shots Too!!!

Asymptomatic Influenza and the Health Care Worker!!!!?!!!?

" I will prescribe regimen for the good of my patients…and never do harm to anyone." These are the words of the Hippocratic Oath from 400 B.C.

Now this is Scary!!!!!

According to CDC, in 2003, approximately 64 percent of health care workers did not receive their annual flu immunization - this included personnel in health care settings who had direct patient contact.

Health care workers, with direct patient care, are included on the priority vaccine list because they are in a position to pass influenza to others. 30 - 50% of influenza infections are asymptomatic, putting vulnerable patients at increased risk of complications without even knowing they have been exposed to the flu. Even if a person is symptomatic, the virus can be shed a day before symptoms appear. (Also, many health care workers work while they are ill.)

Help Fellow Healthcare Workers to Remember –

They are in the priority group for vaccine and owe it to their patients to receive an annual flu vaccination. Flu vaccine may be only 30-60% effective in long-term care residents over 65, which is usually enough to reduce the severity of their illness – possibly preventing hospitalization and death. However, the vaccine may not provide enough protection to prevent illness all together. The good news is - the vaccine is 70-90% effective in healthy adults under 65. Most of us health care workers are in this age group. We get really good protection - so we can take care of our patients without bringing the flu to them!!

The Immunization Program encourages health care workers, providing "direct patient care", to get vaccinated and be the safety net for their patients!!! Is that a noble cause – or what?
Reference: www.nfid.org/publications/hcwmonograph.pdf

Don't Be A *TURKEY* This Fall!

If you are on the "Priority" list – (i.e. Health Care Workers Providing "Direct Patient Care") Get Your "Flu" Shot

and

"Wash Your Ever-Loving Hands!"

(EXCERPT FROM "WINTER, 2003", IMMUNIZATION NEWSLETTER, ARTICLE, FROM THE CUSTER COUNTY HEALTH DEPT.)

"Nothing is foolproof, but if you cover coughs and sneezes with handkerchiefs or tissues, what could it hurt? A few fewer handshakes, a longer social distance with folks you don't know, where's the harm? And if you do get sick, stay home, especially early on when the virus is at its most virulent."

"And In Any Case, Very Frequently, Wash Your Hands!"

^^

Proper Hand - Washing Techniques:

- **Wet hands and lather with soap, rubbing front and back of hands and wrists for at least 20 seconds.**
- **Rinse under running water from wrists to fingertips.**
- **Dry hands with paper towel**
- **Use paper towel to turn off faucet. (Remember dirty hands turned the faucet on!)**

DEBORAH WEXLER, MD, editor of the Immunization Action Coalition (IAC), Needle Tips and the Hepatitis B Coalition News, was our guest speaker at the Every Child By Two (ECBT) meeting, held during the Fall Public Health Conference, in Butte.

Deborah is a passionate advocate of immunizations for all people. She is the co-editor for "VACCINATE ADULTS!", "VACCINATE WOMEN", and "NEEDLE TIPS" - which are mailed to over 300,000 health professionals across the US. Dr. Wexler, a board certified family physician, is well known for her work in educating health professionals on the importance of prevention through screening and vaccination. In addition to publishing the newsletters, she has authored/co-authored over 125 resources. All IAC materials are reviewed for accuracy by members of the Centers for Disease Control, prior to publication.

Dr. Wexler covered an array of immunization topics. It was an extraordinary opportunity for all immunization partners!! For a copy of her PowerPoint handout, call 406-444-5580.

CONNECTING WITH NATIONAL The MT "Every Child by Two" and the Missoula City/County Health Dept. planned a reception to welcome National "ECBT" Co- chair, **BETTY BUMPERS** to Montana on. October 4, 2004.

Unfortunately, Ms Bumpers was unable to make the trip, due to a family emergency. In Betty's absence, our **MT, ECBT CO-CHAIR CAROL WILLIAMS** shared Betty's inspiring message.

Over the past three decades, Former First Lady of the United States, Rosalyn Carter and Former First Lady of Arkansas, Betty Bumpers have focused their efforts on reducing infant mortality through timely immunization. These women have been credited with the passage of laws mandating vaccination at school entry, which now exist in every state, and have brought school entry rates to over 95%.

In response to the 1989-1991 measles epidemic that resulted in 55,000 reported cases and 123 deaths, Carter and Bumpers founded Every Child By Two. ECBT strives to raise awareness of the critical need for timely immunization and a systematic method to ensure the immunization of all of America's children by the age of two. Through this non-profit organization, Carter and Bumpers have enhanced statewide immunization efforts by encouraging and facilitating: public/private partnerships; collaborative activities with managed care organizations, and initiatives to develop school-based sites for pre-school immunizations. Both of these highly influential women are intimately involved with the activities of ECBT and are currently focusing their efforts on promoting immunization registries.

Immunization registries are confidential community and state-based computer systems that record children's immunization status and send out reminders to families when shots are due, assist providers in determining needed vaccines and provide a complete and retrievable record when needed over the years.

In addition to promoting registries, ECBT is busy working for the global eradication of polio and the subsequent eradication of measles worldwide. Other aims of the organization include educating healthcare providers and the public on the importance of timely infant immunizations, issues surrounding the delivery of immunizations, barriers to immunization delivery, ways to overcome these barriers, and innovative delivery methods.

During the reception, Carol also presented **The Community Health Nursing Staff at Browning IHS** with the Immunization "Light House" Award, for outstanding and innovative immunization practices. (See the "Light House" award article)

For more information about ECBT, visit their website at http://www.ecbt.org.

Immunization Rates Improving among Montana Toddlers

Immunization rates for Montana toddlers are improving, according to data released recently by the U.S. Centers for Disease Control and Prevention (CDC).

A nationwide immunization survey conducted by the CDC in 2003 showed that 80 percent of Montanans ages 19 to 36 months had received the recommended series of immunizations for polio; hepatitis B; haemophilus influenza (Hib); diphtheria, tetanus, and pertussis (DTaP); and measles, mumps, and rubella (MMR). That represented a slightly higher rate than the national average of 79.4 percent.

The single antigen varicella rate was 74.6 percent - compared to a national rate of 84.8 percent - but it was a considerable improvement over the 2002 rate of 59.2 percent.

The CDC reported that childhood immunization rates nationally are at record high levels, but there remains wide variability among states. Rates for the 4:3:3:1:3:1, including Varicella, ranged from 89 percent in Connecticut to 56.2 in Washington. Montana ranked 38th among the 50 states, for that series completion of 74.6%.

The CDC has conducted its immunization survey annually since 1994 by using random telephone interviews. During the confidential interviews, parents or guardians are asked for permission to contact medical providers by mail to verify their child's vaccinations. In 2003, vaccination data were obtained for 21,210 children.

The CDC estimates that more than 1 million U.S. children are not adequately immunized. Nonetheless, the CDC reports, the number of most vaccine-preventable diseases has been reduced by more than 99 percent since the pre-vaccine era.

For more information about the CDC survey, visit www.cdc.gov/nip/. For more information about childhood immunizations, contact your local health department or the state immunization program at 406-444-5580.

Adult Issues -

In the fall, an adult immunization packet was mailed to all public health and private providers on our mailing list. This packet included the latest information on adult immunization schedules, fact sheets dealing with adult immunization issues, and helpful hints. The packet is a guidance tool to assist you in increasing your adult immunization rates.

Other recommended vaccinations for adults include:

- **Td (every ten years, a primary series of three doses may be needed for unvaccinated persons 7 and older)**
- **An annual influenza vaccination, especially if at-risk for complications, and**

If an adult is not immune, he or she should also receive:

- **Hepatitis B,**
- **MMR and**
- **Varicella vaccination**

  Although adults account for fewer that 5% of all chicken-pox cases, more than 50% of deaths that result from this infection occur in this age group.

Hepatitis C is a major concern for Montana just like elsewhere. Our number one cause of Hepatitis C is IDU. Montana ranks with California and New York in meth abuse. We do offer Hep C testing for those residents considered at risk:

- **Past or current injecting drug use**
- **Clients seeking HIV/STD information**
- **Tattoos or body piercing (low risk)**
- **Long-term sexual partner of a known Hepatitis C positive person.**

The National Vaccine Program Office reports that "approximately 45,000 adults in the US die annually of complications from influenza, pneumococcal infections, and complications of hepatitis-B." The total economic cost of treating these vaccine preventable diseases among adults – excluding the value of years of life lost - exceeds $10 billion each year. According to CDC, currently, the overwhelming morbidity and mortality from vaccine preventable diseases occurs not in children, but in adults. Influenza and pneumococcal disease are the main contributors to adult mortality.

IT'S A JUGGLING ACT!!

Fortunately, as research continues, we will see more vaccines and vaccine combinations emerge. We will continue to be challenged by the ever-changing lineup of vaccine products in our refrigerators and it will be even more important to assure that

- each patient is given:
  - the right vaccine,
  - at the right site,
  - in the right dosage,
  - at the appropriate time.

Pediarix, our newest "combination vaccine, is a pentavalent combination vaccine that contains DTaP (Infanrix), hepatitis B (Engerix-B), and inactivated polio vaccines.

PEDIARIX IS LICENSED for only the "primary" doses – which includes doses #1, #2, and #3.

PEDIARIX IS NOT LICENSED for the 4th or 5th (booster) doses of DTaP or IPV.

Because Pediarix is approved for use through 6 years of age, a child who is behind schedule can still receive this vaccine – as long as it is given for doses #1, #2, or #3.

This information is clearly outlined in the CDC's "Pink Book", *Epidemiology and Prevention of Vaccine-Preventable Diseases* Manual, Eighth Edition, January 2004, page 83.

It has come to our attention that "Pediarix" is being used inappropriately, in some cases.

Examples of "medication errors" include:

- **using another product to provide the 1st and 2nd doses of DTaP and IPV, then finishing the primary series with one dose of Pediarix, and then using it for both the (4th and 5th booster doses) toddler and preschool shots.**
- **Giving Pediarix for the 4-6 year old booster dose.**

The "Pink Book", page 202, states that combination vaccines can be used when two antigens are called for and no antigen is contraindicated. However, this vaccine has explicit licensing guidelines, as is carefully outlined in the "Pink Book. Pediarix is not approved for fourth and fifth (booster) doses and should not be used "off label".

William Atkinson, MD, MPH, from the Centers for Disease Control, provides the following clarification and recommendations – in response to Pediarix questions.

> ***-----Original Message-----***
> ***From: NIPINFO [mailto:NIPINFO@cdc.gov]***
> ***Subject: Combination Pediarix pr***
>
> ***You are correct that it isn't approved for booster doses, and this use should be discouraged. But the child doesn't need to be punished for the nurse's error by making her repeat the dose. Go ahead and count it.***
> ***Bill***
>
> *-----Original Message-----*
> *From: Atkinson, William (NIP)*
> *Subject: Combination Pediarix*
>
> *We have had many discussions of the off-label use of Pediarix. It is the opinion of NIP that Pediarix should NOT be used in this situation, although this seems to conflict with the "combination vaccine rule" on the schedule. We think Pediarix should NOT be used except for DTaP 1, 2, or 3, regardless of whether the child needs other components of the vaccine.*
> *Bill*

It is important that vaccines be used appropriately. "Off label" or "unlicensed" use not only may contribute to increased adverse reactions – it could also result in legal issues. CDC's "Pink Book" *Vaccine Safety* chapter reports: "Vaccines undergo extensive safety and efficacy evaluations in the laboratory, in animals, and in human clinical trials prior to licensure. In order to achieve the best possible results from vaccine, immunization providers should carefully follow the recommendations for storage, handling, and administration found in each vaccine's package insert."

If the recommendations for Pediarix are changed in the future - to endorse the use of this vaccine for the 4th and 5th booster doses - we will inform you immediately. Our Program strongly recommends that Pediarix, and all vaccines, be given according to approved licensing guidelines.

SPECIAL "FLU" NOTICE

The County, IHS and Tribal Health Departments are encouraged to determine the following for their local jurisdictions:

1. **what the vaccine supply is in their local jurisdiction, i.e., in the nursing homes, private provider offices, hospitals, community health centers, public health departments, etc.**

2. **what is the need for vaccine, i.e., number of nursing home residents, high risk children, adolescents and adults, number of people in non institutional settings $\geq$ 65 years of age, number of pregnant women.**

Send this information or any questions you may have about vaccine supply to the Montana Immunization Program by e-mail or telephone. The Montana Immunization Program will be able to provide this information to CDC if more supply becomes available, or to act as a clearing house if one area has received more vaccine than they need to cover their priority groups, according to the risk criteria outlined by CDC (as found on page 2 of this newsletter).

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"Don't' Let Tetanus Booster Slip Through the Cracks" **(Fort Worth Star-Telegram, 8/17/04 Poirot, Carolyn)**

"In order to prevent serious illness or death associated with tetanus, all adults should receive a Td booster shot every 10 years."

"The Td vaccine protects against both tetanus and diphtheria. About 53% of U.S. adults over the age of 20 years and 70% of people over the age of 70 years - lack immunization against these two diseases. Tetanus bacteria are widespread, and diphtheria is a serous health problem in 87 nations, according to the World Health Organization." Check the Td status of your patients this fall, when you see them for their "flu" shot! Immunization of women of childbearing age with at least three doses of tetanus vaccine provides complete protection against both maternal and neonatal tetanus."

Light House Award

The Montana Immunization Program is proud to recognize outstanding leadership efforts of Montana vaccine providers. We are pleased to announce the following Lighthouse Award recipients: Mona Connel, Junaita Kittson, Susan Hall, Sheryl Hillaboe and Geradetta England, of the Community Health Nursing Staff of Browning IHS, for *"Lighting the Way"* with outstanding outreach efforts during the 2003 influenza season by improving accessibility to flu vaccine for the staff of the Browning IHS Hospital and Nursing Home and by hosting an after hours flu vaccination clinic for the children in your community.

This Immunization Lighthouse Award was given in recognition of what this outstanding Nursing Staff has done to improve the immunization rates and protect children, adolescents, and adults from vaccine preventable diseases in Montana. While recognizing their leadership, we hope to "light the way" for others in their immunization practice.

The innovative strategies and exceptional teamwork, exhibited in 2003, resulted in improved health for their community and for the patients in the hospital and residents in the long-term care facility. Taking the vaccine to the hospital staff and nursing home staff, so they did not have to leave their units during a workday was a great strategy. It improved the immunization rates of the local health care workers without compromising the patient care. The evening flu clinic, during which time this staff vaccinated 700 children against influenza was extraordinary!

These nurses are to be commended, and we are proud to be serving the public with them!

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TRUDY HAWE, Office Manager for our program, has taken on new career responsibilities. Her last day with us was Friday, September 3rd. We are happy for Trudy -but sad for us. We wish her all the best in her new job.

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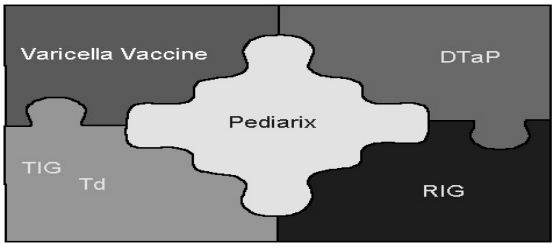
"PUZZLES" OF THE MONTH



Situation 1: **A 12 year-old child was brought to an emergency room after stepping on a nail. The child's immunization record indicated receipt of 5 DTaP's with the last dose 7 years ago. The child was due for a Td (adult tetanus/diphtheria) but was given TIG (tetanus immunoglobulin) instead.**

Question: **When can the Td be given, and will the TIG interfere with the child's ability to benefit from the Td?**

Answer: **Since this child had a documented full series of DTaP only Td, and not TIG should have been given. However, since TIG was given the child still needs the Td, and the Td can be given at any time. TIG will not interfere the vaccine because Td is manufactured from non-living materials i.e., it is an inactivated vaccine.**

Situation 2: **An adult female was vaccinated with varicella and developed a confirmed varicella rash two weeks later.**

Question: **Should she receive the second dose of varicella vaccine?**

Answer: **Yes. The rash may be a local or systemic reaction to the vaccine, indicative of successful receipt of the first dose, but not necessarily natural varicella infection. It is best to give dose number 2 to be sure she is adequately immunized.**

Situation 3: **A 23 month-old child presented at a clinic for immunizations. The vaccination record indicates the child has completed 3 doses of DTaP, 2 IPV, and 2 Hepatitis B.**

Question: **Can Pediarix (DTaP/IPV/Hepatitis B) be given to complete the Hepatitis B series and the DTaP, IPV boosters?**

Answer: **Pediarix should not be given! This combination vaccine is not licensed for the 4th or 5th doses of DTaP. However, if Pediarix were accidentally given the doses may be counted as valid.**

Situation 4(Hypothetical): **Adult male presents to emergency after an unprovoked attack by a raccoon. Deep bite marks on the right forearm are immediately and thoroughly washed with soap and water and a virucidal povidone-iodine solution was used to irrigate the wounds. Tetanus prophylaxis and measures to control infection were instituted. An initial intramuscular 1.0 ml of Rabies Human Diploid Cell Vaccine was administered and Rabies Immune Globulin (20 IU/KG body weight) was administered IM at a site distant from vaccine receipt.**

Question: **Are the procedures correct in their entirety?**

Answer: **No. The full dose of RIG should be thoroughly infiltrated into the area around and into the wounds. Any remaining volume should be injected at site distant from vaccine administration. This procedure is based on reports of rare failures of post exposure prophylaxis when smaller amounts of RIG were infiltrated at the exposure sites. RIG should never be administered in the same syringe or in the same anatomical site as vaccine.**

New Vaccine Quiz Helps Adolescents and Adults Find Out Which Vaccines They Need:

CDC has recently launched a web-based, interactive "Vaccine Quiz" to help adolescents and adults understand which vaccines they need. The quiz provides a list of suggested vaccines and encourages website visitors to ask about these vaccines during their next medical visit. The quiz questions and results are based on the latest recommendations from the Advisory Committee on Immunization Practices (ACIP), and the quiz is updated whenever the recommendations change. Quiz outcomes are confidential. The results are not stored, and no identifying personal information is collected from anyone who takes the quiz. Visitors can take the quiz as often as they like. The Vaccine Quiz for adolescents and adults is available at http://www2.cdc.gov/nip/adultImmSched/. For consumers interested in more detailed vaccine information, the site includes information about specific vaccines, vaccines and pregnancy, international travel and links to additional resources.

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UPCOMING EVENTS:

- "Every Child By Two" Immunization Meeting
ALL IMMUNIZATION PARTNERS WELCOME
January 21, 2005 -- 12 Noon to 2:00 p.m.

- Regional Workshops
February & March - Watch for dates and registration information.

- Teleconference
"Surveillance of Vaccine Preventable Diseases"
DATE: January 9, 2004
More Information: Contact Beth Cottingham: 444-2969, E-mail: ecottingham@state.mt.us.

THE READING WELL

TO ORDER MORE BOOKS - CONTACT: Anastasia Burton, Medicaid Program at: 444-9538, Or The Immunization Program at: 444-5580.